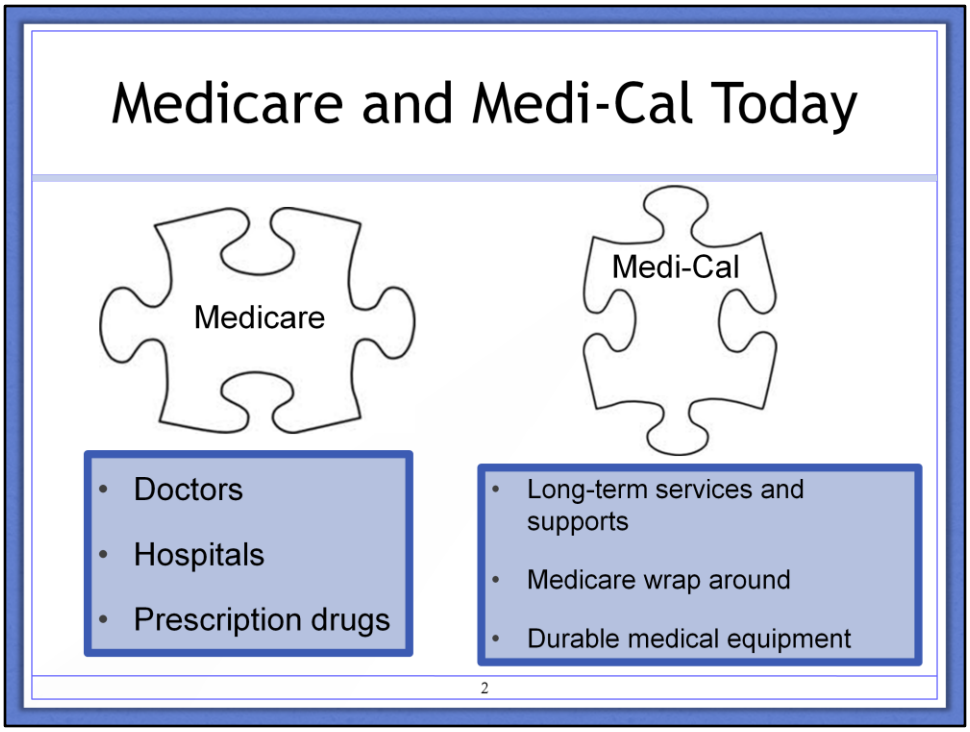
California's Coordinated Care Initiative

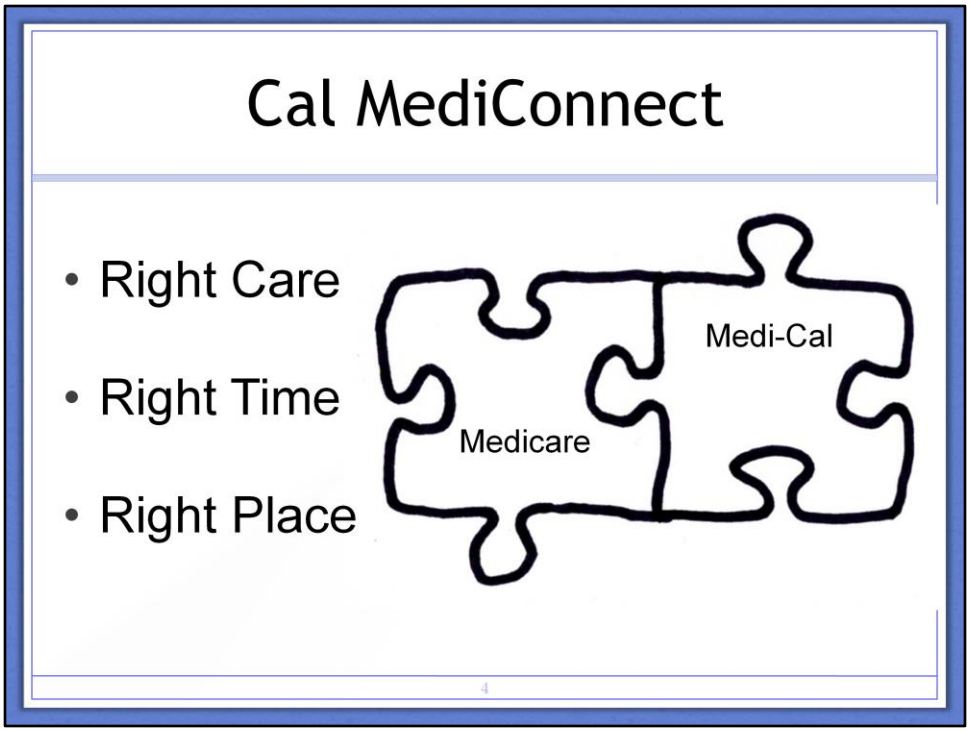
Advocate Presentation

February 2014



Medicare and Medi-Cal are two different government programs to provide health care. Medicare is for seniors and those under 65 with certain disabilities, such as end-stage renal disease and ALS. Medi-Cal is for low-income Californians. There are some Californians who qualify for BOTH programs, called Medi-Medi or dual eligible beneficiaries. They receive complementary services from each program. Medicare covers the primarily medical services, and Medi-Cal wraps additional services around that: help with transportation, vision, dental, cost sharing, long-term care, and DME. Medi-Cal also covers long-term services and supports such as in-home supportive services (IHSS), community-based adult services (CBAS), the Multipurpose Senior Services Program (MSSP) and nursing home care.

The health care system is very fragmented for those "Medi-Medis" or "duals" who receive both Medicare and Medi-Cal. The programs pay for different but complementary services, but there is no incentive in the current system to help coordinate that care or share information between a beneficiary's provider. This can be a critical issue as many of these beneficiaries are our most vulnerable.



The goal of Cal MediConnect is to bring Medicare and Medi-Cal services together in one health plan, and to support beneficiaries with care coordination to ensure that they receive the right care at the right time in the right place. Whether that means helping keep people in their home and community, or helping them transition from the hospital to a nursing facility, Cal MediConnect is designed to provide person-centered care.

The Coordinated Care Initiative: Where

*Participation in Orange County pending readiness reviews.

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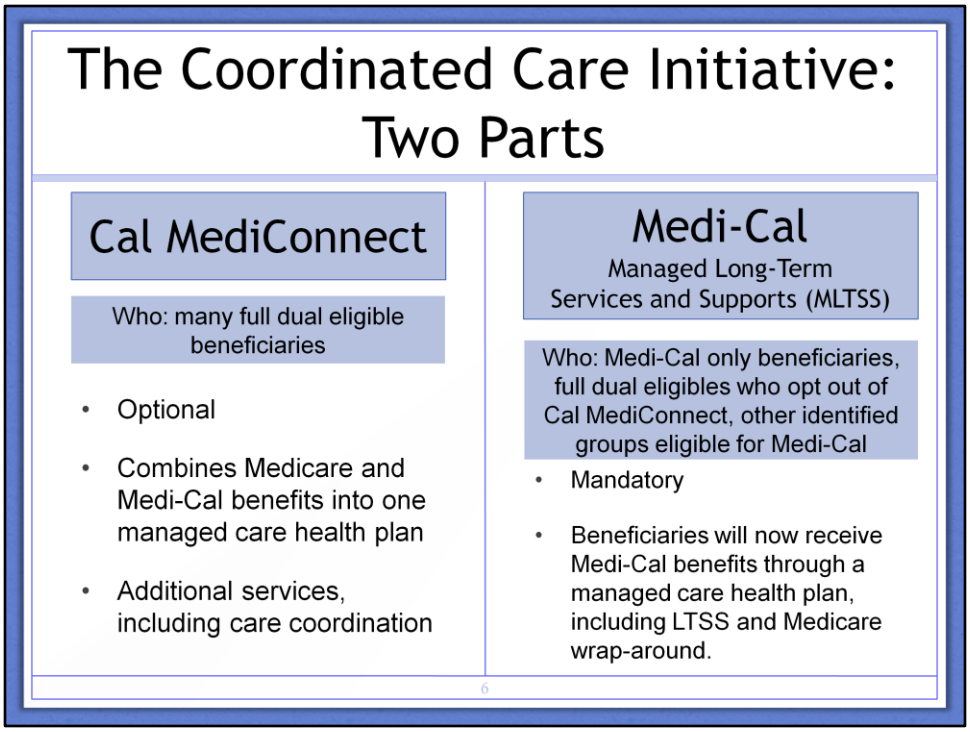
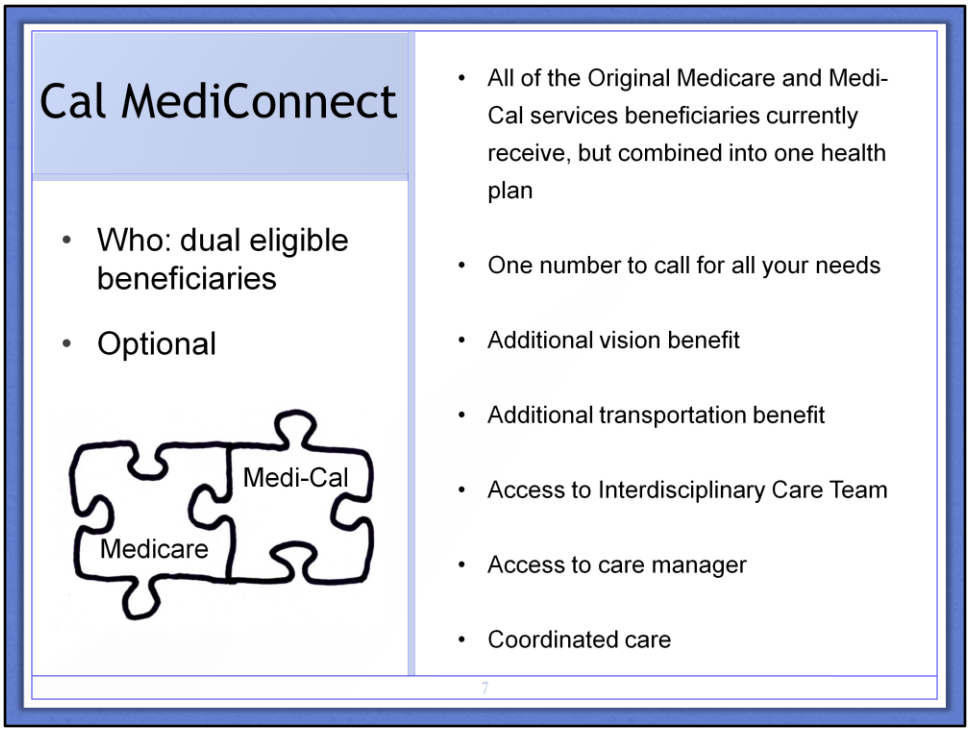
These changes, and this new program will be in 8 different counties



Many dual eligible beneficiaries in participating counties will be eligible to enroll in a new program – Cal MediConnect. This program is optional, and beneficiaries will have a choice of plans that will combine their Medicare and Medi-Cal benefits and provide additional benefits and services, including care coordination.

Those who are not eligible for Cal MediConnect, or who opt out, will still have to choose a Medi-Cal managed care plan to receive their long-term services and supports. Their Medicare benefits will not change, whether they are in FFS or a Medicare Advantage plan.

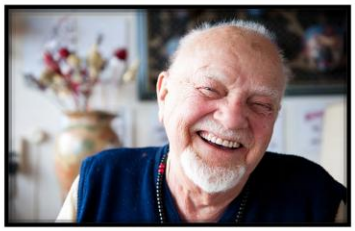


Cal MediConnect is a new program that will combine Medicare and Medi-Cal benefits into one managed care plan. This means that beneficiaries will have one number to call with questions about all their needs from medical care to long term care. No more wondering if a service is Medi-Cal or Medicare.

Cal MediConnect plans will offer additional benefits to beneficiaries. They'll have access to supplemental vision and transportation benefits. And the plan will provide additional care coordination support for those beneficiaries who need it.

Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional



Why I Will Choose a Cal MediConnect Plan: Jim

"I like getting all my care from one Plan. It's why I chose Cal MediConnect. My Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same Plan. I call just one phone number for help."

8

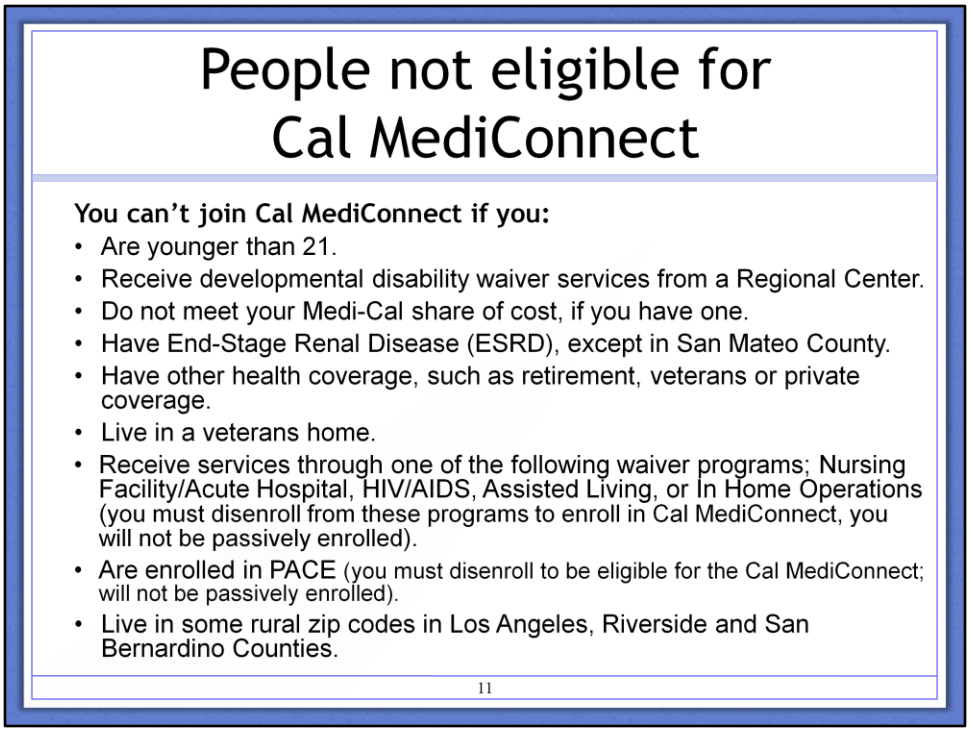
Cal MediConnect
Key Benefits for Consumers

- Support for coordinating care for beneficiaries, including a plan care coordinator
  - All beneficiaries will receive a health risk assessment, to help them and their providers develop, if appropriate, an individualized care plan
  - Interdisciplinary care teams will be available to help manage and coordinate care
- Additional Services:
  - Beneficiaries will receive supplemental vision and transportation benefits
  - Plans can offer additional services (known as care plan options) beyond the Medi-Cal benefit package

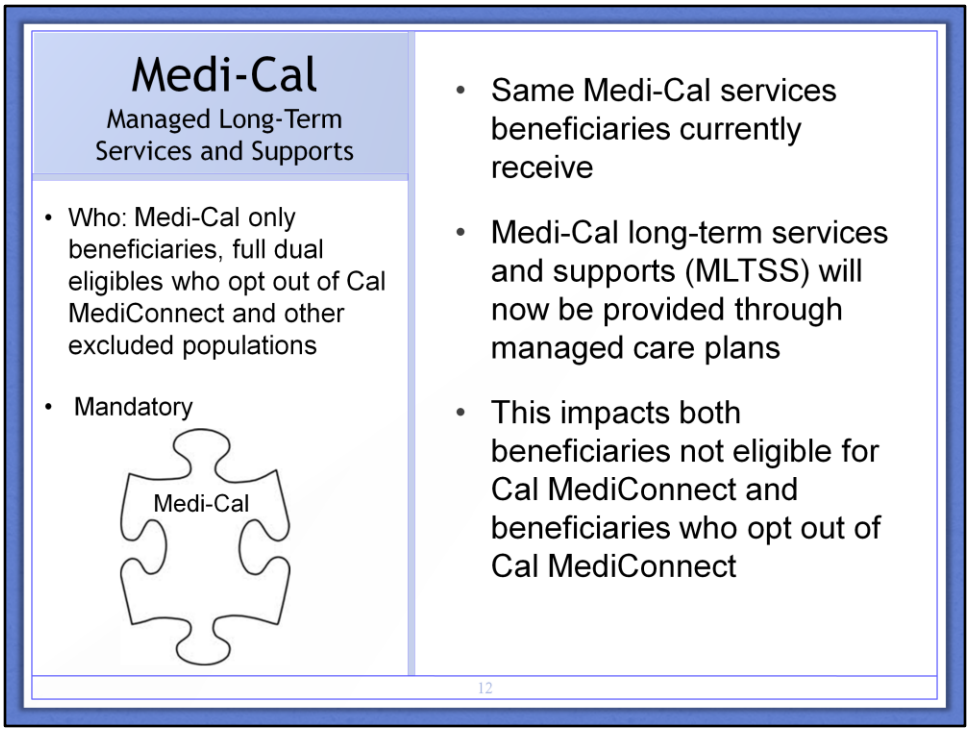
Cal MediConnect Cost and CoPays

- There are no additional costs associated with joining a Cal MediConnect plan or MLTSS plan.
- Check with the Cal MediConnect plan about costs associated with Medicare Part D.
- Copays will be the same as they are now.
  - If an individual is a Medi-Medi this means they should currently not be billed from their provider, and this will remain the same under Cal MediConnect.

10



Excluded zip codes:
Los Angeles County: 90704
Riverside County: 92225, 92226, 92239
San Bernardino County: 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 92280, 93592, 92558



Beneficiaries who are not eligible for Cal MediConnect or who choose to opt out will still need to enroll in a Medi-Cal managed care plan for their long-term services and supports. This part of the CCI is known as MLTSS, which stands for "managed long-term services and supports." Medi-Cal benefits will not change under MLTSS, it will just be provided through managed care plans. Beneficiaries will receive some supplemental vision benefits. Their Medicare benefits will remain the same, whether they are delivered through Medicare FFS or Medicare Advantage.

Medi-Cal

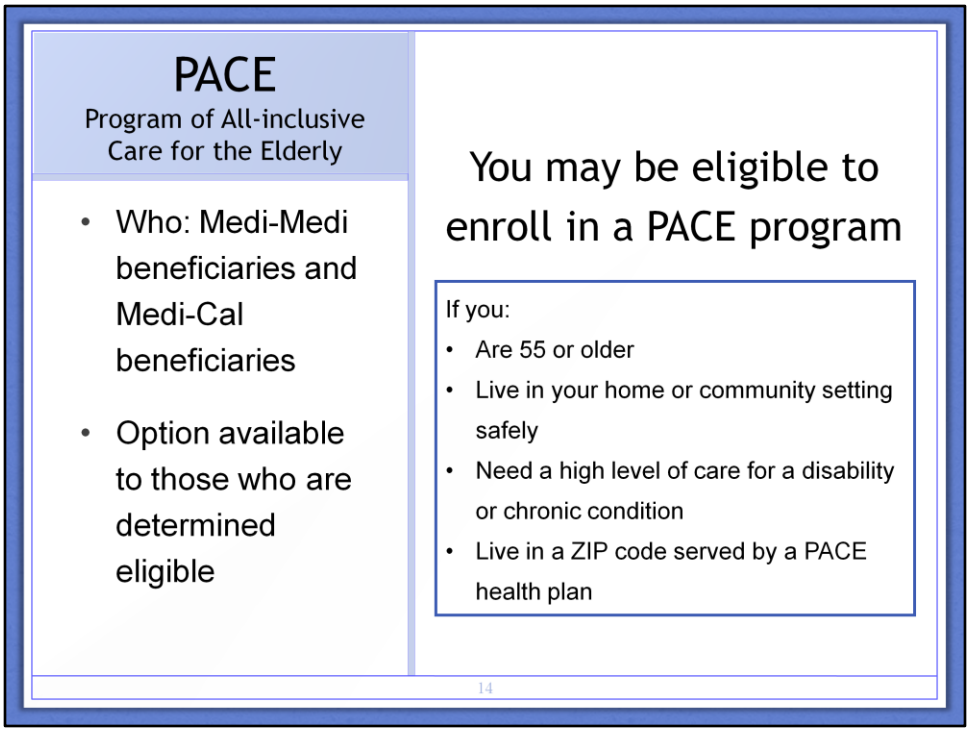
Managed Long Terms Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations
- Mandatory

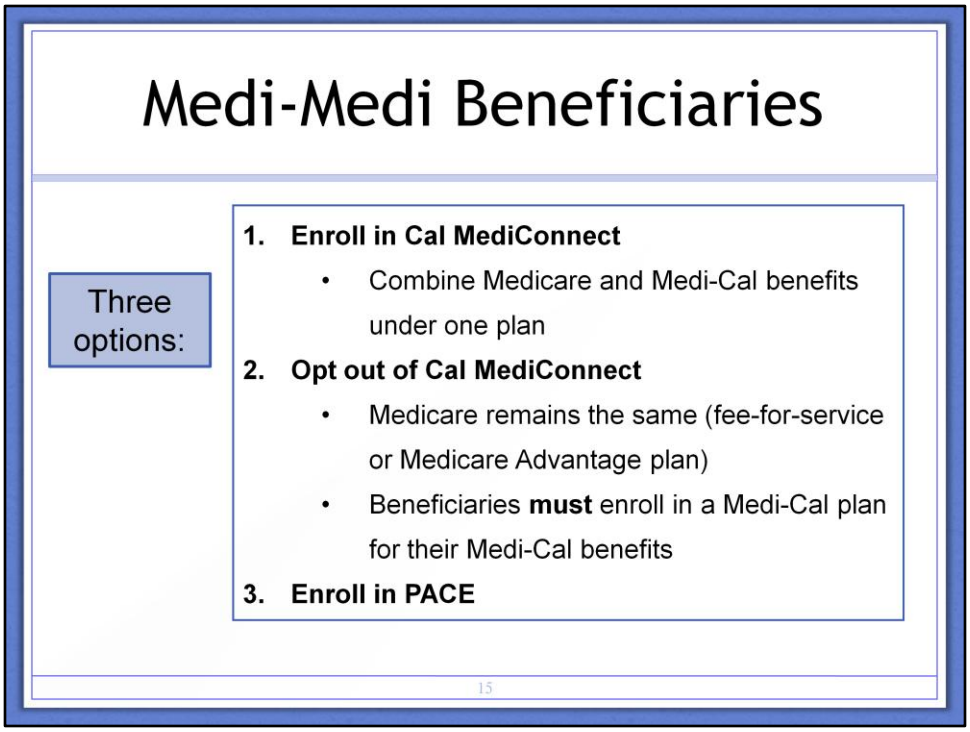
Why I Will Enroll in Only a Medi-Cal Plan: Mary

"I knew I had to pick a Medi-Cal plan. I was also eligible for Cal MediConnect, but I wanted to keep my Medicare services as they are now. So I joined just a Medi-Cal health plan. It's separate from Medicare. When I see my primary care doctor or need any Medicare services, I still use my Medicare card. The Medi-Cal plan pays my extra Medicare costs."

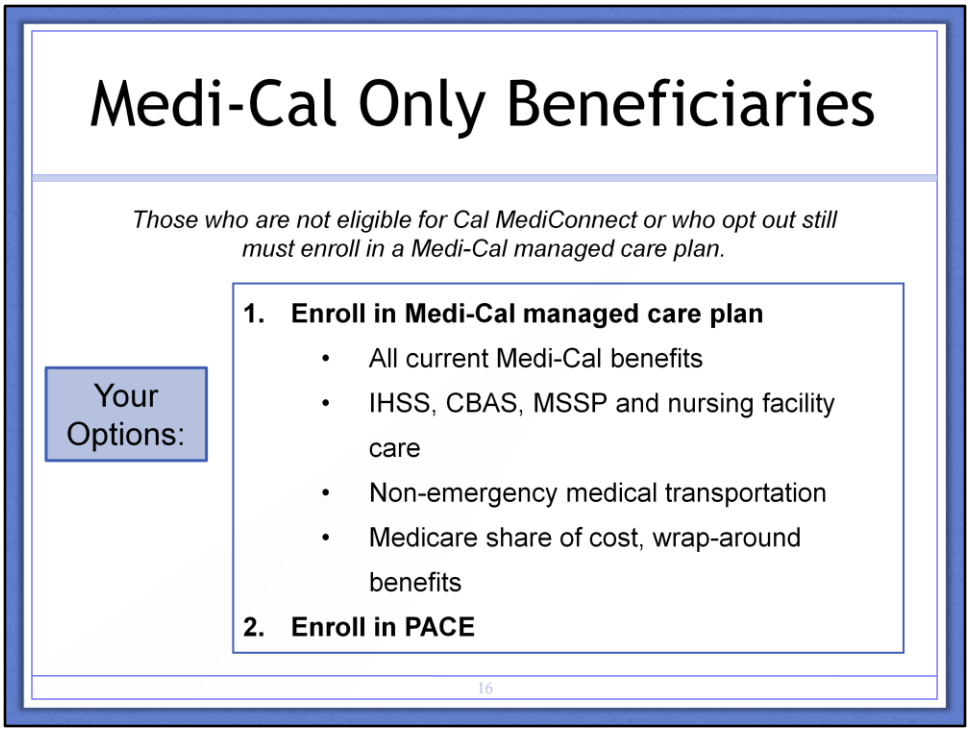
13



One option for those who do not want to go into Cal MediConnect is the PACE program. PACE is a health plan exclusively for seniors who need coordinated medical care to continue living as independently as possible at home. This is available only to some Medi-Medi beneficiaries. It is similar to Cal MediConnect in that it combines Medicare and Medi-Cal services to help provide care coordination to beneficiaries, but it has more restrictions than Cal MediConnect.

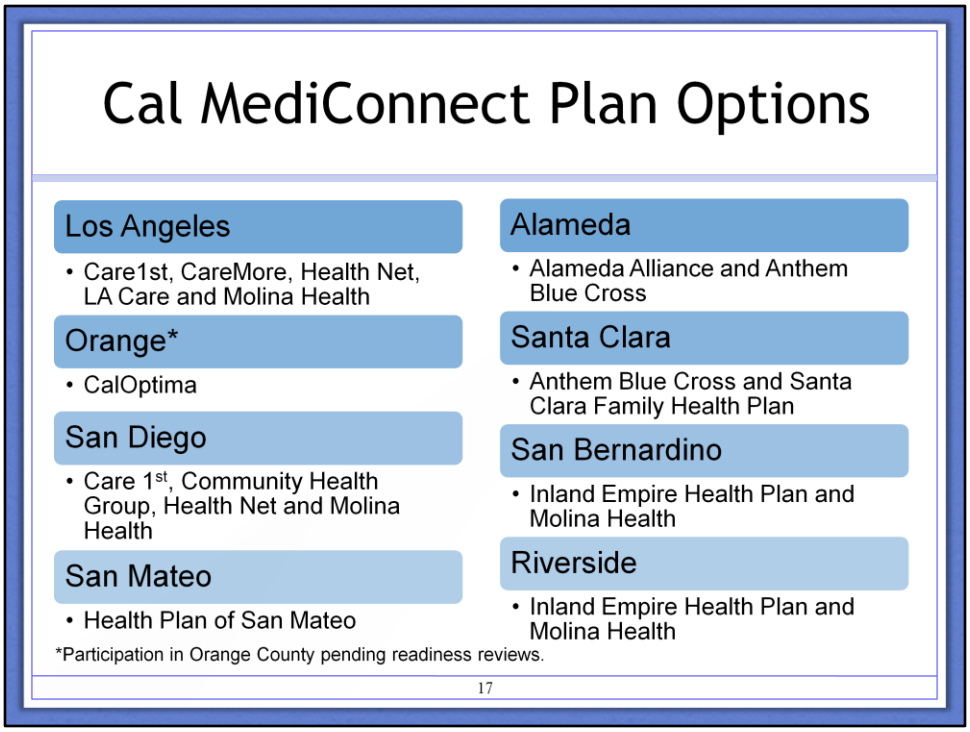


Under the Coordinated Care Initiative, Medi-Medi beneficiaries who are eligible for Cal MediConnect must decide if they want to enroll in a Cal MediConnect plan, or opt out of CMC and enroll in a Medi-Cal plan, or see if they are eligible to enroll in a PACE plan.

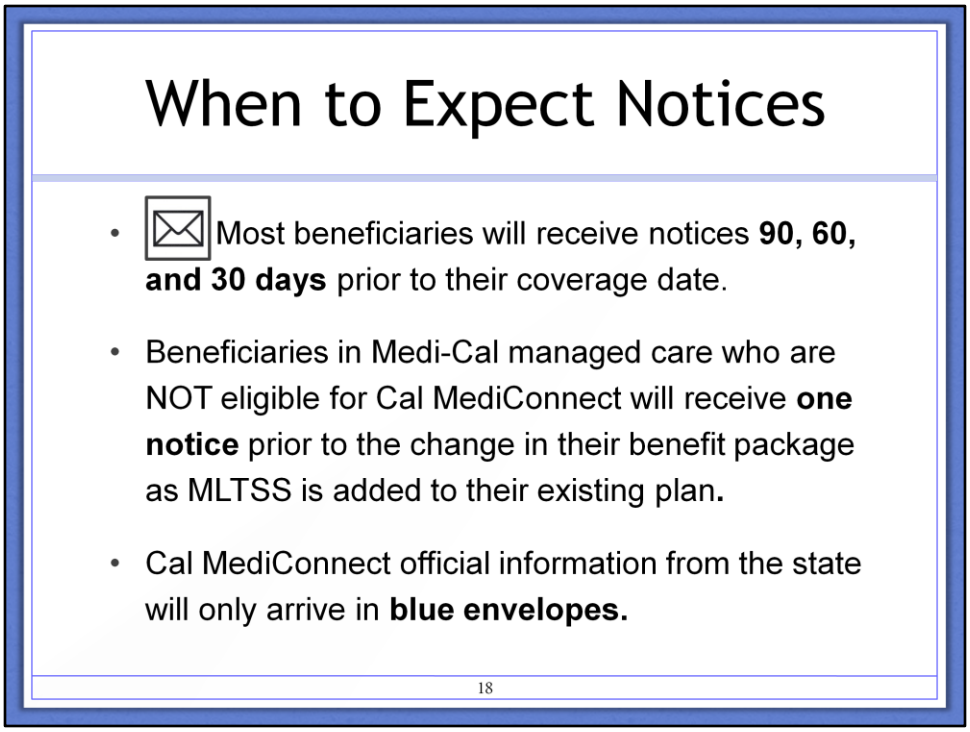


Medi-Cal beneficiaries in CCI counties who are not eligible for Cal MediConnect or who opt out simply must enroll in a Medi-Cal managed care plan if they are not already in managed care.

The Medi-Cal managed care plan, for Medi-Cal only beneficiaries, will cover all current Medi-Cal benefits (excluding dental, if the beneficiary qualifies, which is covered through Denti-Cal)



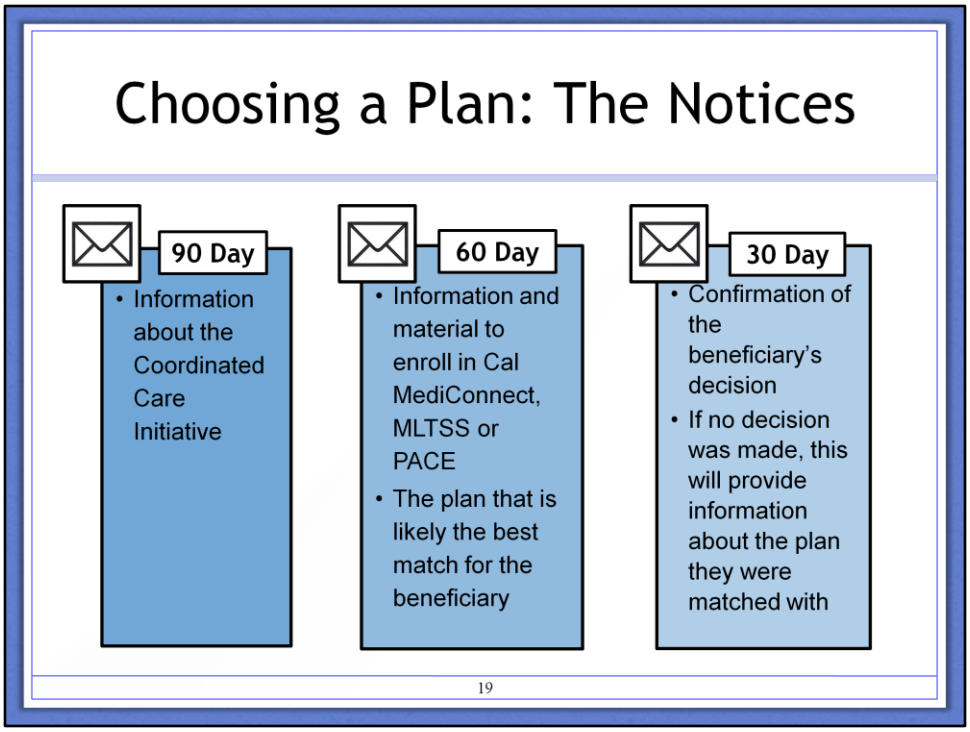
The health plan options in each county are different.



Most beneficiaries will receive three notices prior to their coverage date – this is for beneficiaries who are eligible for Cal MediConnect and beneficiaries who are currently enrolled in Medi-Cal fee-for-service. Beneficiaries who are already in Medi-Cal managed care plans and will only see their LTSS benefits move to the managed care plan will receive a notice 45 days before that occurs.

Coverage dates for individuals will vary by county and by eligibility status. For many it will be their birth month.

Cal MediConnect official information will arrive in blue envelopes. Beneficiaries in San Mateo County will receive notices from their local health plan. MLTSS eligible beneficiaries in other counties will receive regular notices from the state.



Beneficiaries who will need to select a new plan will receive three different notices. This is the same for Cal MediConnect and MLTSS – EXECPT for those who are not eligible for Cal MediConnect, are already in a managed care plan, and will receive one 45-day notice.

The first, sent 90 days ahead of the beneficiary's coverage date, will alert them to the coming change.

The second notice, sent 60 days ahead, will be a large packet with information to help beneficiaries select a plan. This will include a plan that is the best match for a beneficiary based on how many of their current providers are included in a plan's provider network. This is designed to help smooth continuity of care.

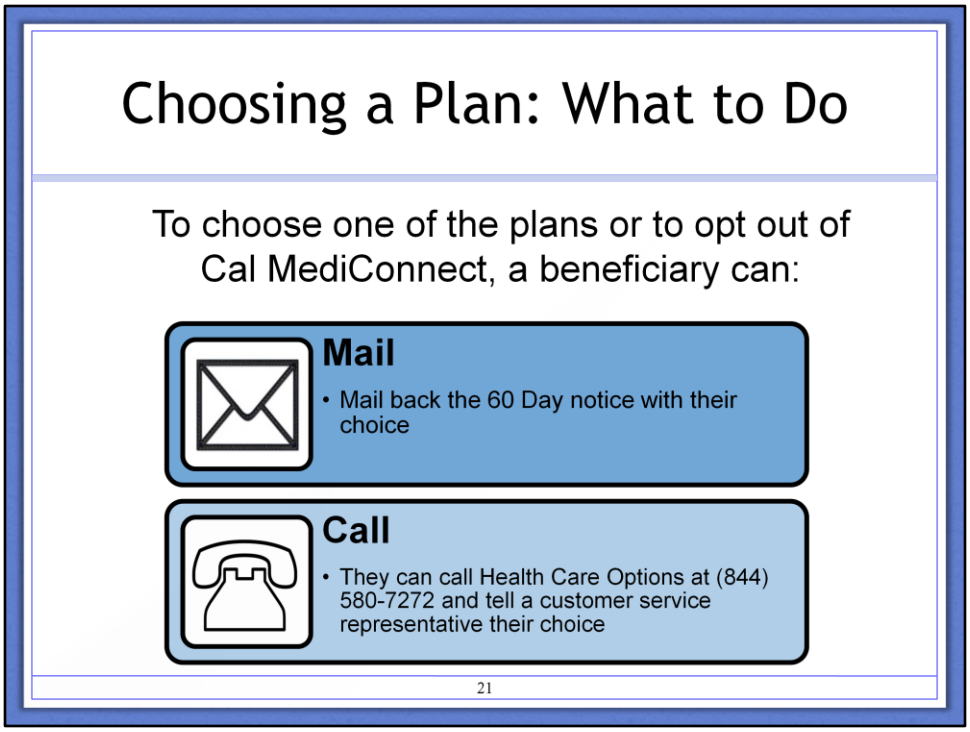
The third notice, sent 30 days ahead, will provide the beneficiary with information about their specific plan. This will be the plan the beneficiary has chosen based on the 60 day notice. If a beneficiary did not make a selection, it will be the plan that was the best match.

The three-notice process is the same for Cal MediConnect and MLTSS. The 60 day notice for Cal MediConnect eligible beneficiaries will contain information about MLTSS plans in the event the beneficiary chooses to opt out of Cal MediConnect.

Choosing a Plan: Who to Call

- Resources to help a beneficiary choose between plans:
  - The Health Insurance Counseling and Advocacy Program (HICAP): 1-800-434-0222 or [INSERT County HICAP office name and number]
  - Health Care Options: (844) 580-7272 or TTY: (800) 430-7077
  - Medicare.gov > Plan Finder or 1-800-Medicare

20



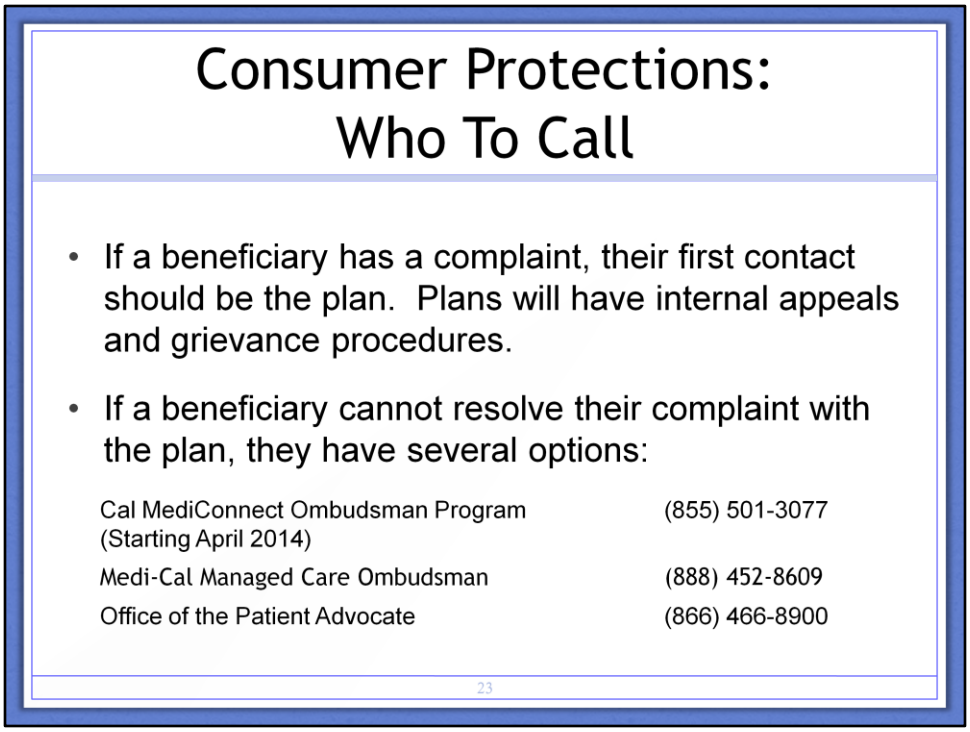
Beneficiaries don't need to do anything until they receive their 60 day notice. The 60 day notice will include a choice form that beneficiaries can use to select a Cal MediConnect plan or to opt out of Cal MediConnect. If a beneficiary wishes to opt out of Cal MediConnect, they will still need to use their choice form to select a Medi-Cal managed care plan.

Consumer Protections

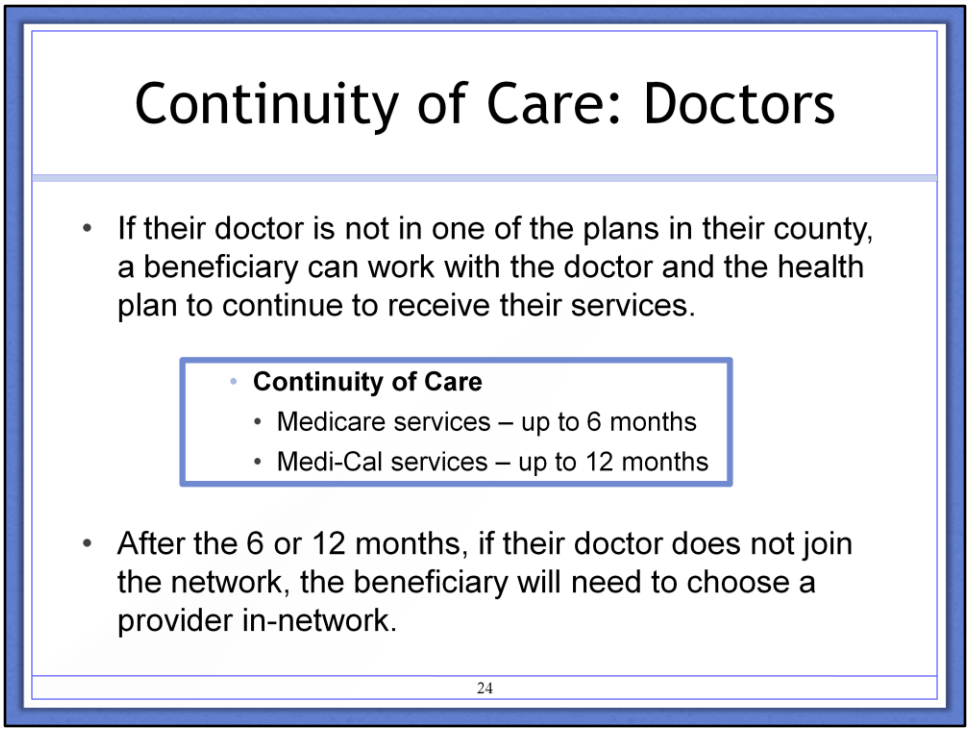
The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
  - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
  - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
  - People will receive full Medicare and Med-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
  - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
  - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

22

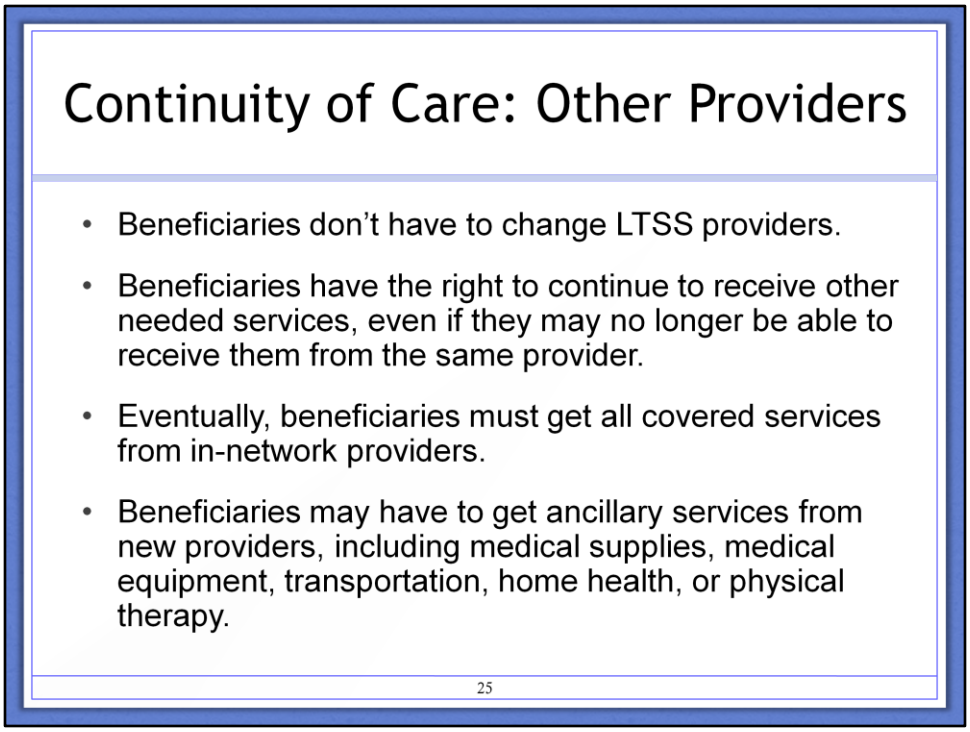


These numbers are just for beneficiaries with questions once they are already in a Cal MediConnect or Medi-Cal managed care plan to handle disputes with their plans over benefits or providers.



Continuity of care protections are for primary and specialty doctors (eg cardiologists, ophthalmologists, and pulmonologists), NOT providers of ancillary services like durable medical equipment (DME) or transportation.

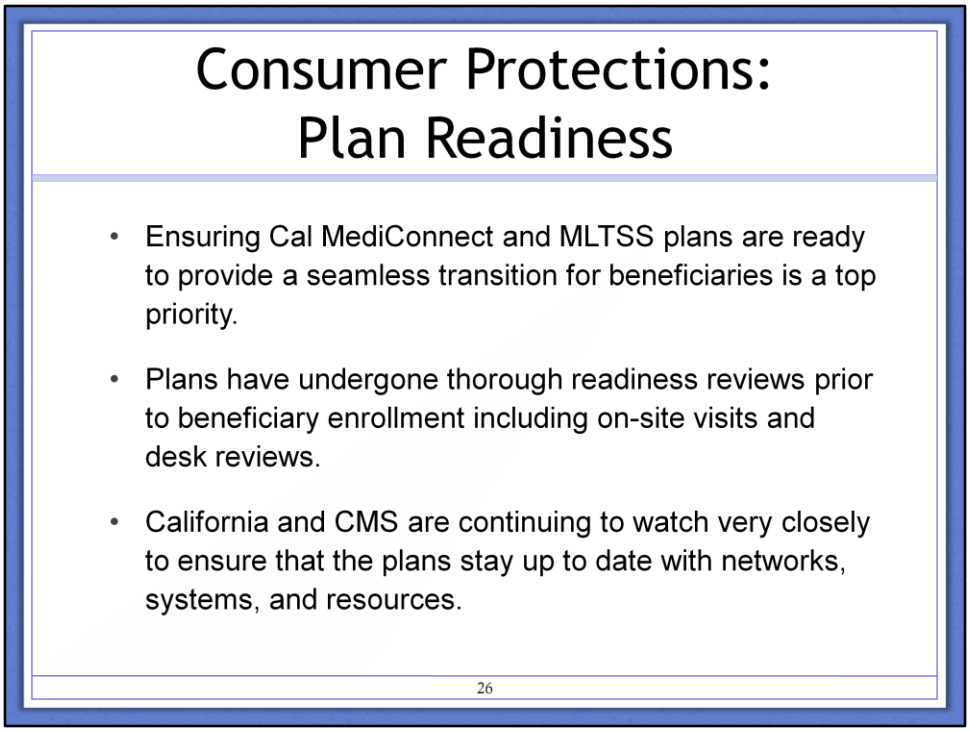
To be eligible for continuity of care, you and your doctor must have an existing relationship (you must have seen them twice in the 12 months prior to enrollment) and the provider must agree to payment terms equivalent to Medicare and Medi-Cal fee schedule or the plan's payment schedule (whichever is higher).



In Cal MediConnect, if you are already in a nursing facility, you will be able to stay in your facility even if it is not a part of the plan's network.

In Cal MediConnect and MLTSS, if you have IHSS providers, you do not have to change those IHSS providers and you can still hire, fire and manage your providers.

Plans must contract with CBAS and MSSP programs.



Ensuring a smooth transition during CCI implementation is critical given that the beneficiaries impacted are some of the most vulnerable.

Questions or Comments

- Visit CalDuals.org
- Email info@calduals.org
- Twitter @CalDuals
- Contact your local HICAP: 1-800-434-0222
- Health Care Options: (844) 580-7272 or TTY: (800) 430-7077